



BUMED M1 MANPOWER & PERSONNEL

**LT Devin Morrison
Branch Head, Manpower Data
Management Division (M141)**

DSN 762-3612

djmorrison@us.med.navy.mil

TFMMS Redesign Transformation

Recapitalization

Reserve Backfill

Reconstitution

OEF/OIF Lessons Learned

MID 911:
Make-Buy &
Mgmt Structure

GWOT

WMD & HLS

CNO-Directed
Above THCSRR Study

Smaller Navy Force

MID 913:

Streamlined PPBES Cycle

OEF/OIF Deployments

POM 06 ZBR

BRAC

DHP Shortfall

Defense
Strategy Changes

THCSRR Model Validation

MID 907:
A-76 Studies



Objectives

- Overview of BUMED (M1)
- Understanding the AMD
- Manpower Change Request
- DMHRSi
- THCSRR Model & Component UICs
- Above THCSRR Billets & PBD 712
- TFMMS Redesign

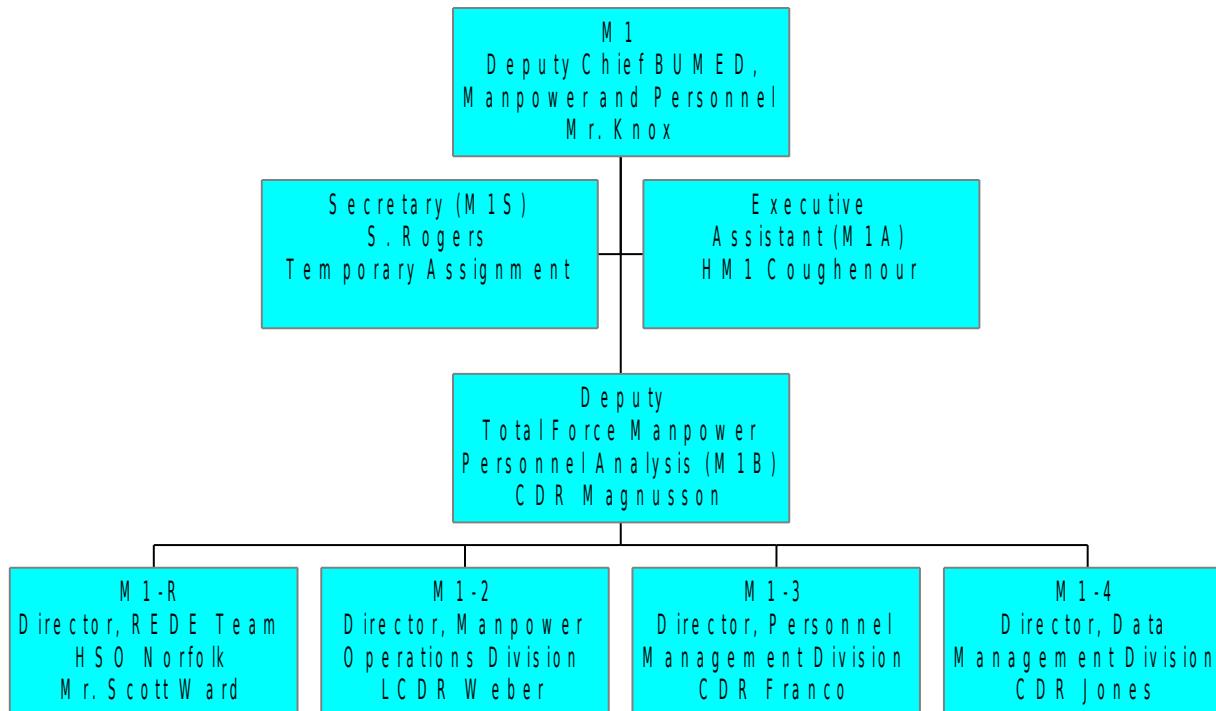


Overview of BUMED (M1) Manpower & Personnel



M1

Organized to Reach Vision





M1-R

Requirement Determination

- **Oversight and management support of the Navy Shore Manpower Requirements Determination Program for BUMED**
- **MTF/DTF Support**
 - Ensure activities Statement of Manpower Requirements are current and reflective of changes in mission and/or workload.
 - Provide technical guidance, training, and consulting services on the manpower requirements determination process to ensure the validation of all manpower requirements within Claimancy 18.



M1-2

Stabilize Billets and Personnel

- **Current**

- Analyze and evaluate alignment of HR actions: billets and bodies
- Military-to-civilian conversions: Execution of PBD 712; defining POM 06
- Operational: GITMO, Accession Program support (Bulldog, Summer Surge, I-day, etc), OIF II and beyond

- **Future**

- Corporate distribution of billets and personnel for system stability
- Marriage between POM 06 conversions, BRAC, TNEX, etc.
- Operational
 - Reserve support for GITMO
 - Build long-term solution for stable manning in support of Accession Programs



M1-3

Stabilize Personnel

- **Personnel Planning**
 - Promotion Plan
 - DOPMA/NON-DOPMA constraints
 - Accession Plan
 - Directs, Recalls, and Pipeline programs
 - Strength Plan
 - Quarterly update of endstrength for Corps
 - Training Plan
 - DUINS, GMESB
- **Special Pays**
 - Develop policy and procedures
 - Management and approval



M1-4

Stabilize Manpower & Personnel Systems

- **Data Management**

- Management of manpower/personnel information systems
- Data submissions, reports/displays relating to outside agencies
- Technical review of manpower change requests
- Management of component UICs and manning of operational platform support by CL 18 facilities

- **Data quality of manpower/personnel systems**

- Personnel/Manpower system auditing
- Semi-annual update to the Navy Officer/Enlisted Occupational Classification System (NOOCS/NEOCS)
- Claimant manpower review
- Quan/Qual review: Authorizations = end strength



The Perfect AMD

You Can Get There From Here



Available Resources

- **Manual of Navy Total Force Manpower Policies and Procedures, OPNAVINST 1000.16J**
- **TFMMS Coding Directory**
- **TFMMS Matrix for Billet Change Request**
- **TMMCA Users Manual**
- **Officer Manpower & Personnel Classifications NAVPERS 15839_**
- **NEC Manual NAVPERS 18068_**
- **Handbook of Occupational Groups (OPM)**
- **AMD**
- **EDVR**
- **ODCR**
- **HSO**
- **REDE**
- **BUMED (M1)**

Activity Manpower Document
BSC Range 00000 to 99999

Date: 04/07/04

Activity Code	Activity Name	UIC	Claimant	SMC	Home Port Geographic Location			SUI	S/S	MCA	Dsk	Predom		Packet				
					FL, MAYPORT							RSpn	AGSAG	Number	Date			
3435038410	BRMEDCLINIC MAYPORT FL	32575	BUMED	6E	FL, MAYPORT			0	1	B	D2	093	M9M9	257690	040322			
Effective																		
BIN Billet Title Bgn End CARN CAFC CATR SSC IMAP Officer Enlisted Civilian																		
Mob P R M Desig NOBC SubSp Rate NEC Py Occ Py																		
Bgn End RFC R I E Language Grade Pri Sec Pri Sec Abbr Pri Sec EMC Py PI Srs Gr FD MPSSQ																		
BSC RSpn AGSAG MRC MT AC FAC AQD P H																		
Pri Sec Pri Sec																		
2880996 81005	PEDIATRICIAN	20410	D	H203														
			01	12	MPB	1	E	E		2100I	0105		16V0J					
					AD	O				2100I			16V0J					
2880996 81005	PEDIATRICIAN	20410	D	H203												5MPEA01		
			01	12	MPB	1	E	E		2100I	0105		16V0J					
3350506 81010	PEDIATRICIAN		Z	H203												5MPEA02		
			01	12	MPB	1	E						CS	00000	00	F C		
					CN	B							CS	00000	00	C 4		
3350507 81015	PEDIATRICIAN		Z	H203												5MPEA03		
			01	12	MPB	1	E						CS	00000	00	F C		
					CN	B							CS	00000	00	C 4		
1089651 81020	SUPV NURSE SPECIALIST		H	H203												5MPEA04		
			01	12	MBB	1	E						GS	00610	11	F A		
					DH	C							GS	00610	11	F 1		
0538220 81025	CORPSMAN/MOB TO 11376/40220		D	H203												5MPEA05		
					MBB	2	E	M					HM3		G000			
					AD	E							HM3		G000			
3350508 81030	CORPSMAN/CUIC 81025/32575		I	H203												5MPEA06		
			01	12	MCD	1	E	E					HM3		G000			
					4A1M													
0538219 81035	CORPSMAN		R	H203												5MPEA07		
			01	12	MBB	1	E	E					HM3		G000			
					AD	E							HM3		G000			
0538209 81040	HOSPITALMAN/MOB TO 11417/40220		D	H203												5MPEA08		
					MBB	2	E	M					HN		G000			
					AD	E							HN		G000			
3350509 81045	CORPSMAN/CUIC 81040/03575		I	H203												5MPEA09		
			01	12	MC9	0	E	E					HM3		G000			
					4A1M													
					R													



What is a Manpower Change Request

- A MCR is a **request to add, change, or delete headers, notes, or manpower requirements and/or authorization information documented on the AMD**



Why Initiate a MCR?

- **Workload (SMRDP & REDE)**
- **Mission / Equipment**
- **UICs, NOBCs, NECs, Grades, BSCs, AQDs, Titles, Subspecs, Pay Plans, Occ Series...**
- **Civilians**
- **Headers (Standard Organizations)**
- **CUICs**
- **If your AMD does not look like your organization...you need a MCR**



Who Initiates a MCR?

- **Manpower Department**
- **Personnel Office**
- **Comptrollers Shop**
- **A Director**
- **Command Master Chief**
- **Branch Clinic OIC**
- **But they all must go through the Commanding Officer**



Preparing for the LOJ...

Idea is generated

- **Collect your data**
 - Workload Statistics
 - REDE Team visit
 - Endorsements
- **Consult with all parties involved**
- **Think outside your UIC, activity code, community**
- **Military Essential**
- **It is your idea, Sell It!**



Compensation and the MCR Process

- **OPNAVINST 1000.16J:** “**Manpower claimants shall provide compensation and/or identify resources for the following:**”
 - Authorized manpower requirements
 - Increases in authorized paygrades
- **Quasi Compensation Issues:**
 - *Designators, NECs, Subspecs, THCSRR Restraints*

From: Commanding Officer, U.S. Naval Hospital
To: Chief, Bureau of Medicine and Surgery (M1)
Via: (1) Officer in Charge, Naval Healthcare Support Office

**(2) Officer in Charge, Naval Healthcare Support Office,
REDE Team**

Subj: MANPOWER CHANGE REQUEST (Be Specific)

Ref: (a) OPNAVINST 1000.16J
(b) Any e-mail/phone calls to BUMED, Specialty Leaders...

1. Per reference (a) and (b) the following billet change request is submitted for UIC 00018.

Remove compensation from:

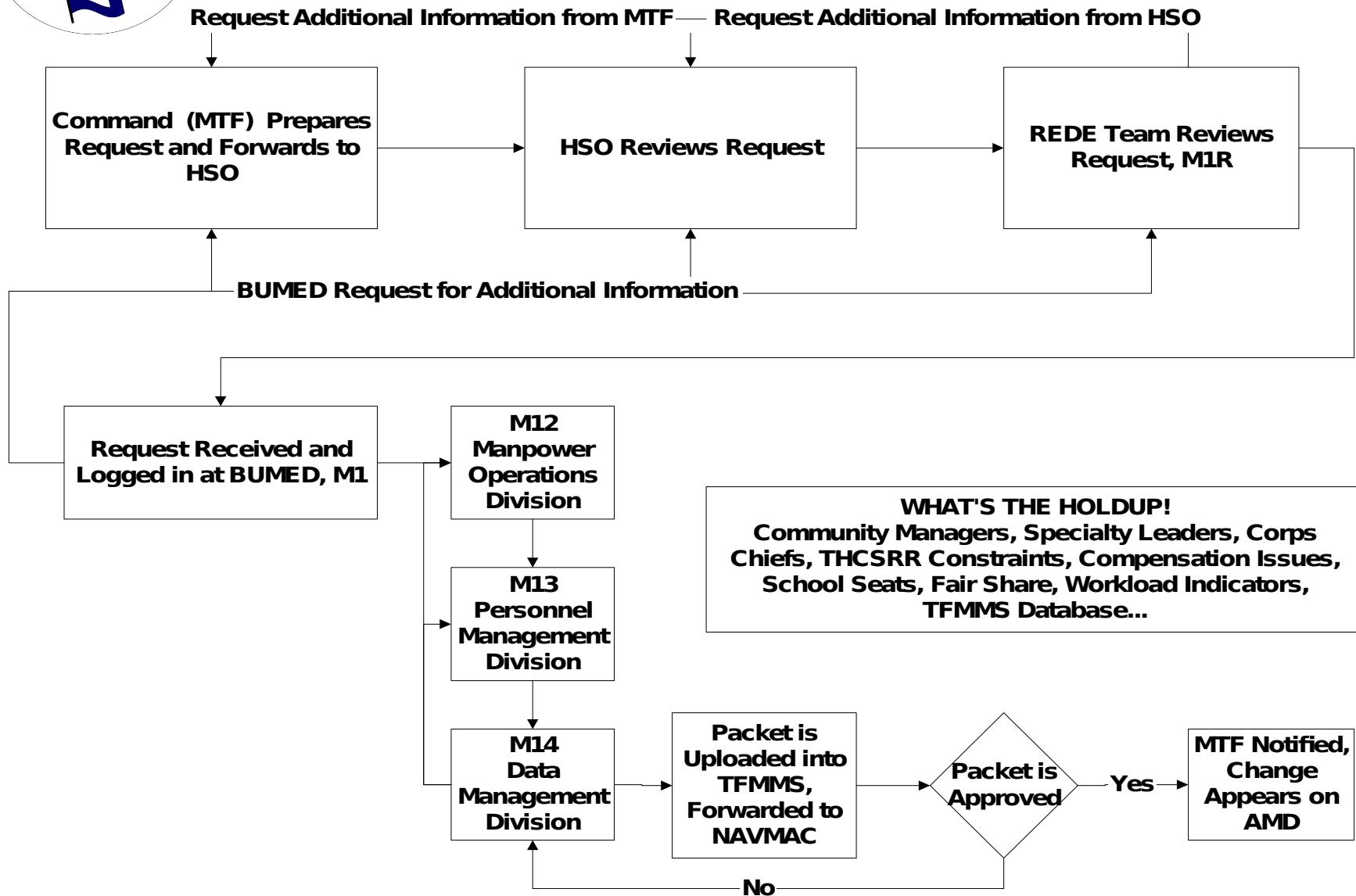
BIN	BSC	BILLET TITLE	NEC
RATE			
1234567	12345	HOSPIAL CORPSMAN	0000
HM2			

Transfer compensation to:

BIN	BSC	BILLET TITLE	NEC
RATE			
1234567	54321	HOSPIAL CORPSMAN	0000
HM2			



Manpower Change Request Process





DMHRSi

**Defense Medical Human
Resources System**

Internet



DMHRSi: Defense Medical Human Resources System

internet

Simplify and standardize military medical human resource management

- A **web-based** Tri-Service human resource management system
- Allow ready access to essential manpower, personnel, labor cost assignment, education & training, and personnel readiness information across the MHS enterprise



Why is it important?

MHS lacks a Tri-Service Information System for Human Resource Management

- The MHS needs a tool to track and manage human resources (military, civilian, volunteer, or contractor, assigned or borrowed)
- The MHS needs a standardized tool to capture and measure human resource utilization across the MHS enterprise
- The MHS needs a tool to provide essential Readiness and Labor Cost Assignment information
- The MHS needs a human resources “manage the business” decision support system

-- ***“Tri-Service strategy needed to Justify Medical Resources for Readiness and Peacetime Care”***
GAO/Nov 99



Why DMHSi?

**Provide complete medical personnel asset visibility
of all Active Duty, Reserve, Civilian, Contractor,
Volunteer, or Borrowed Personnel**

Who are they? Who is trained? How much do they cost? Who is deployable?



DMHSi

Manpower/Personnel

DMHSi

Education and Training

DMHSi

Labor Costing

DMHSi

Readiness

**Approximately 60% of the Defense Health Program (DHP)
budget is allocated to human resources**



What Does DMHRSi Mean to Me?

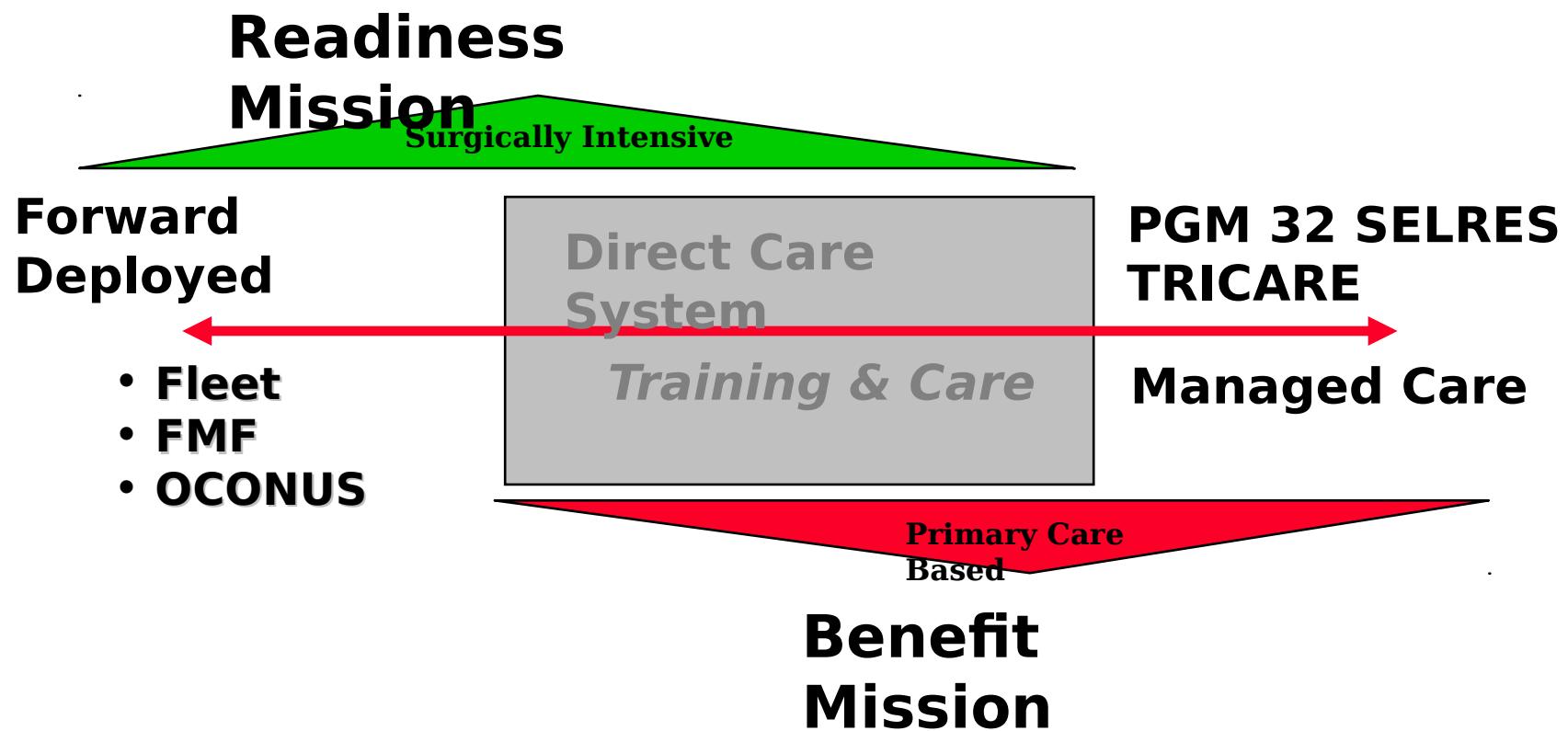
- **DMHRSi Pre-implementation**
- **Organization code: Overlay of peacetime and component UICs**
- **Standard Headers: Start adopting them**
- **SPMS & AMD Overlay**
 - SPMS: People aligned to the correct department
 - AMD: Needs to reflect your people and organization



THCSRR Model, Component UICs, & Why We're in Uniform

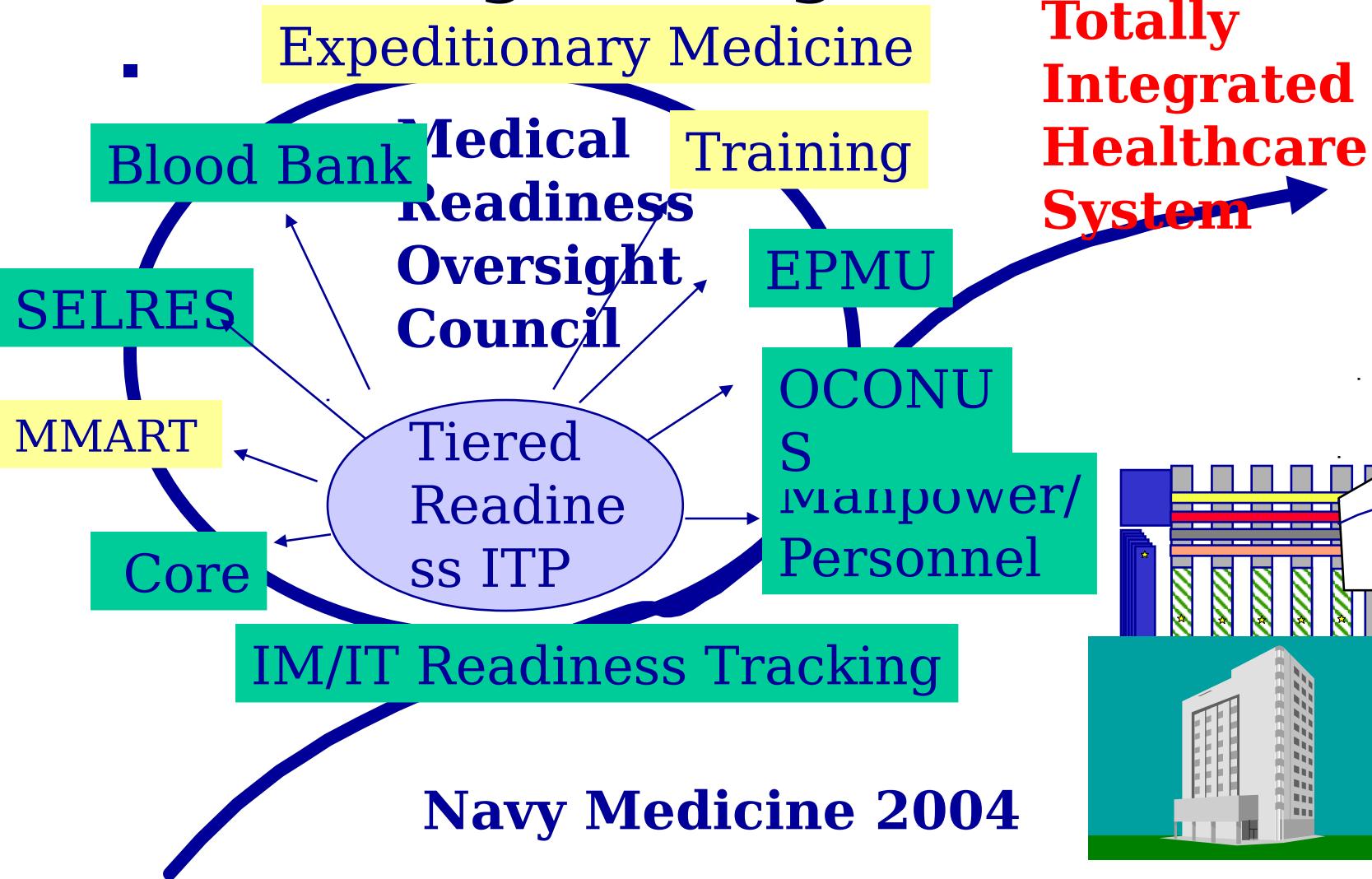


Navy Medicine's Dual Mission





Ongoing Readiness Reengineering Efforts



Naval Forces Requirements Determination Process

National Strategy

National Security Strategy
Defense Strategy/QDR
National Military Strategy
Force/Medical Planning Guide

Force Planning

Defend the United States
Deter Forward
Engage in Overlapping Major Conflicts
Win Decisively When Called Upon
Handle Smaller Scale Contingencies

Naval Strategy

Sea Power 21
Marine Corps Strategy 21

Force Structure Requirement

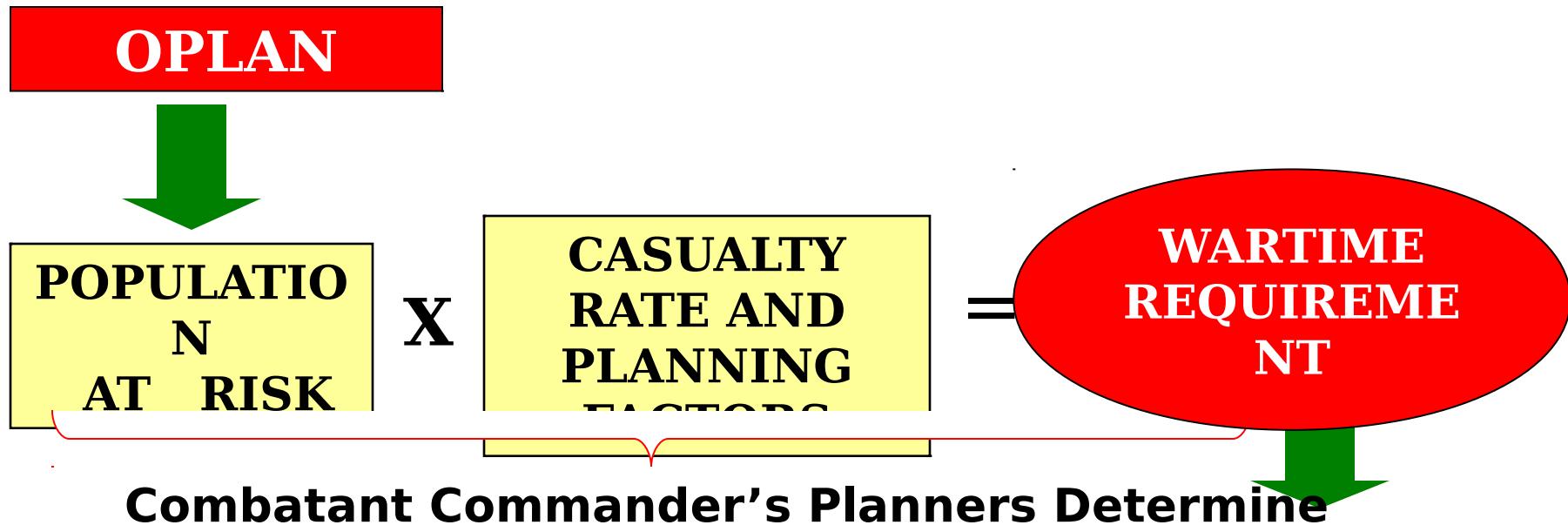
Navy and Marine Corps

OPLAN

Medical Capability Requirement



Wartime Medical ~~Requirements~~



Medical Capability Requirements

- Hospital Ships
- Fleet Hospitals
- OCONUS MTFs
- CRTS
- MED BN

How many active duty medical personnel does Navy Medicine need for its readiness mission?

Day-to-Day Operational

U

Wartime

=

MOSR

Day to Day Operational Mission

Requirements:

Personnel needed in peacetime where only an active duty military member will meet the

SHIPS

SQUADRONS

SUBS

MARINES

OCONUS MTFs

ROTATION BASE

Wartime Requirements:

Personnel needed in the wartime theatre to care for casualties, as defined by the Section 733U Study

HOSPITAL SHIPS

FLEET HOSPITALS

USMC AUGMENT

PCRTS AUGMENT

OCONUS AUGMENT

OTHER (HQ/STAFFS)

Medical Operational Support

Requirement: *The total number of fully trained Navy medical personnel needed on active duty to support all operational requirements.*

If the MOSR is the number of fully trained personnel, what about trainees and others in the replacement pipeline?



Medical Operational Support

Requirement: *The total number of fully trained Navy medical personnel needed on active duty to support all operational requirements.*

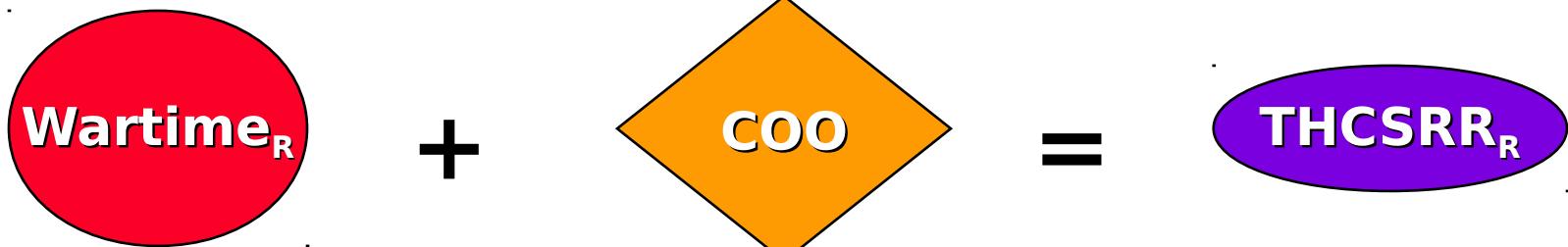
Sustainment:

The number of medical personnel needed in training to support all officer and enlisted communities, based on known attrition rates. Also includes those in transit and other temporary states.

Total Health Care Support Readiness Requirement:

The number of Navy medical personnel needed on active duty

How many Medical Reservists does the Navy need?



**Reserve
Wartime
Theater
Workload &
Force Structure:**

Those Reservists needed in the wartime to augment Fleet & FMF, and staff reserve Fleet Hospitals

**Continuity of Operations,
Provide Care to Returning Casualties (ICMOP), Homeland Security and Consequence**

Management Efforts:

Those Reservists needed in CONUS MTFs to continue the MTF mission, provide care for returning casualties and to support homeland medical

Total Health Care Support Readiness Requirement (Reserve):

The total number of Navy medical Reservists needed



THCSRR Model: Active & Reserve Component Overview

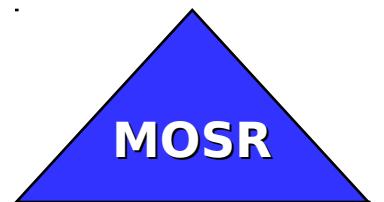
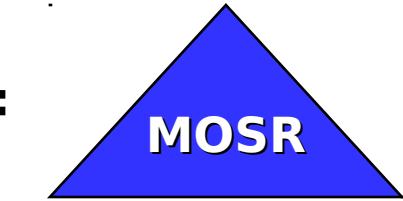
Active
e



U

Day-to-Day
Operational

=



+

Sustainmen
t
Training Base

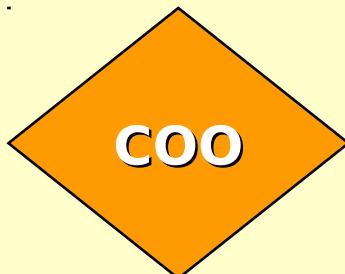
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Reserve



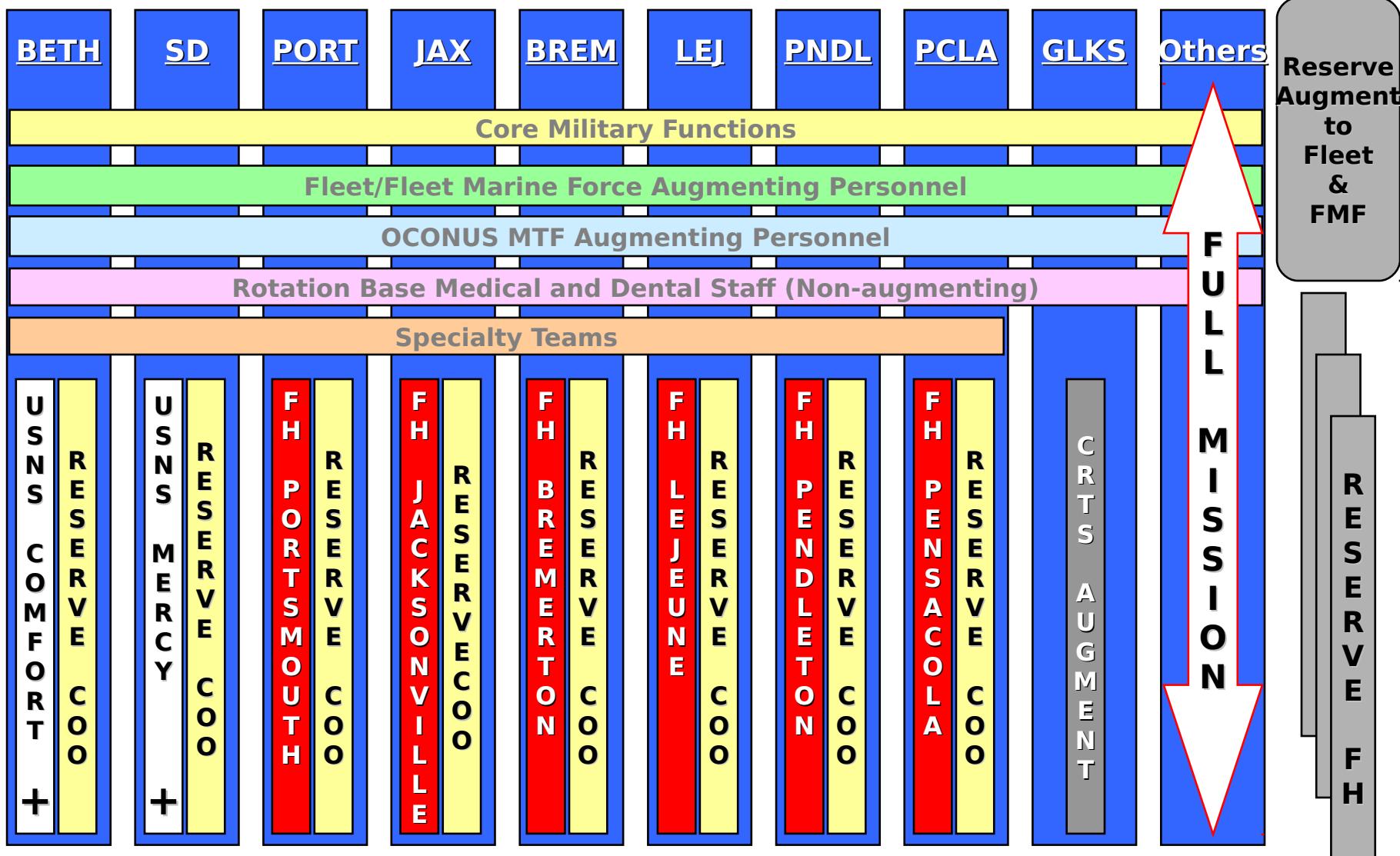
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Navy Medicine: Aligned for Readiness





Wartime Requirements

- **12 CASUALTY RECEIVING TREATMENT SHIPS**
- **2 HOSPITAL SHIPS**
- **6 ACTIVE DUTY FLEET HOSPITALS**
- **OCONUS AUGMENTATION SUPPORT RESERVE MARINE FORCE**
- **2 RESERVE FLEET HOSPITALS**



CORE/FORCE STRUCTURE /

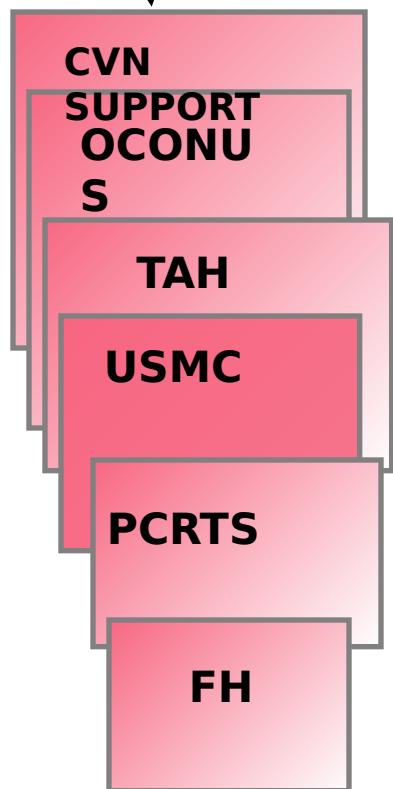
REQ

- **Commanding Officers**
- **Chairman of Training Programs**
- **RTC/MCRD**
- **School of Infantry/Mountain Warfare**
- **OCONUS Hospitals/Clinics**
- **Headquarters, HSO, and Lead Agents**
- **5 Blood Banks**
- **2 FWD Deployed EPMU**

Readiness Allocation Component UIC Model (RACUM)

**MOBILIZATION
PLATFORMS**

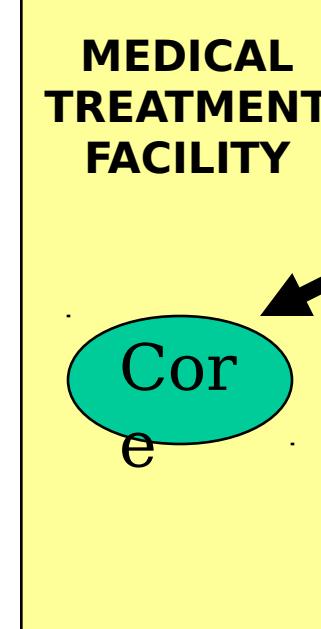
**Surgically
intensive**



**(RACUM)
PEACETIME**

**Primary
Care Based**

**Blending
systems
required
substitut
ion**

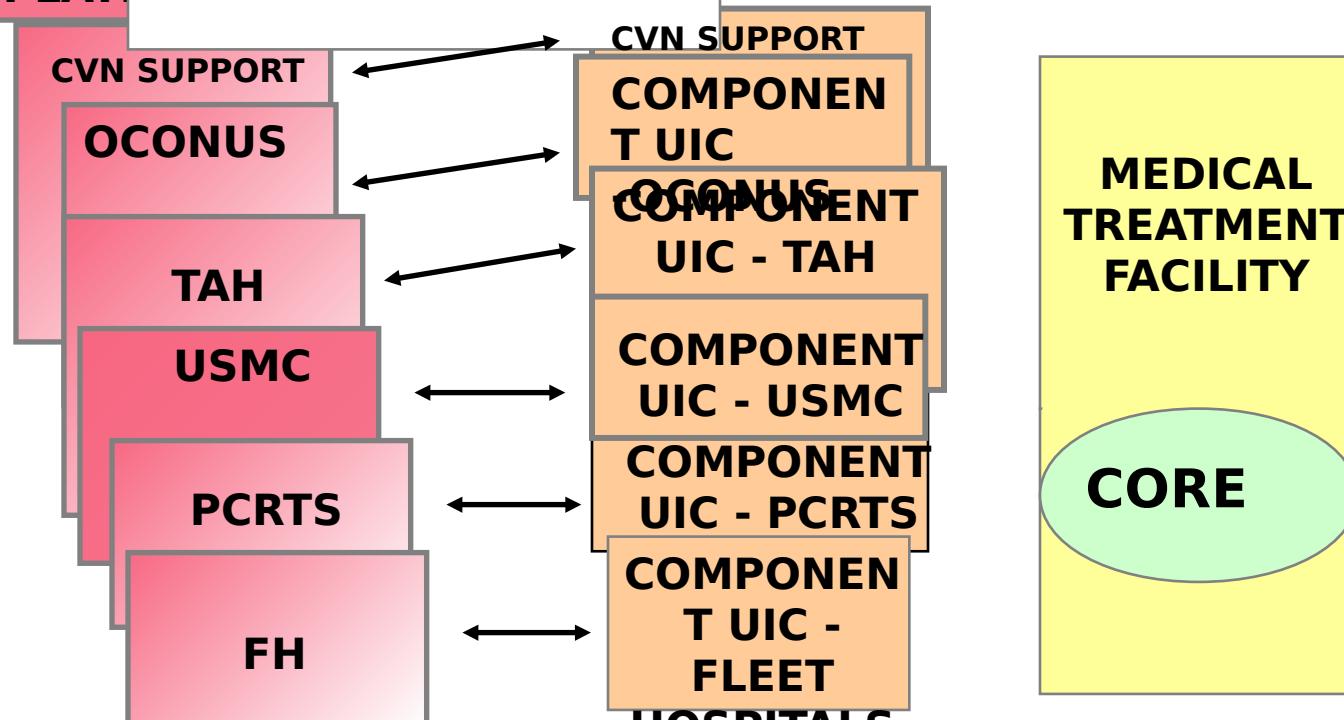
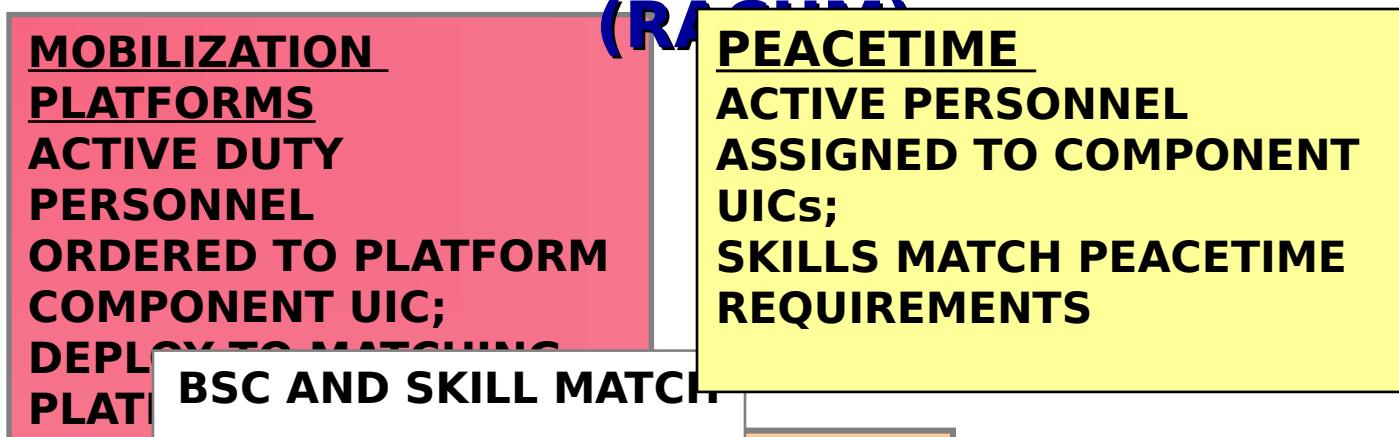


**Core
requirements
needed to be
identified
before any
matching could
be done.**

**THCSRR VALIDATED
REQUIREMENTS**

**EFFICIENCY REVIEW
VALIDATED REQUIREMENTS**

Readiness Allocation Component UIC Model (RACUM)



THCSRR VALIDATED
REQUIREMENTS "MOB
FM"

COMPONENT
UIC "MOB
TO"

ER VALIDATED
REQUIREMENT

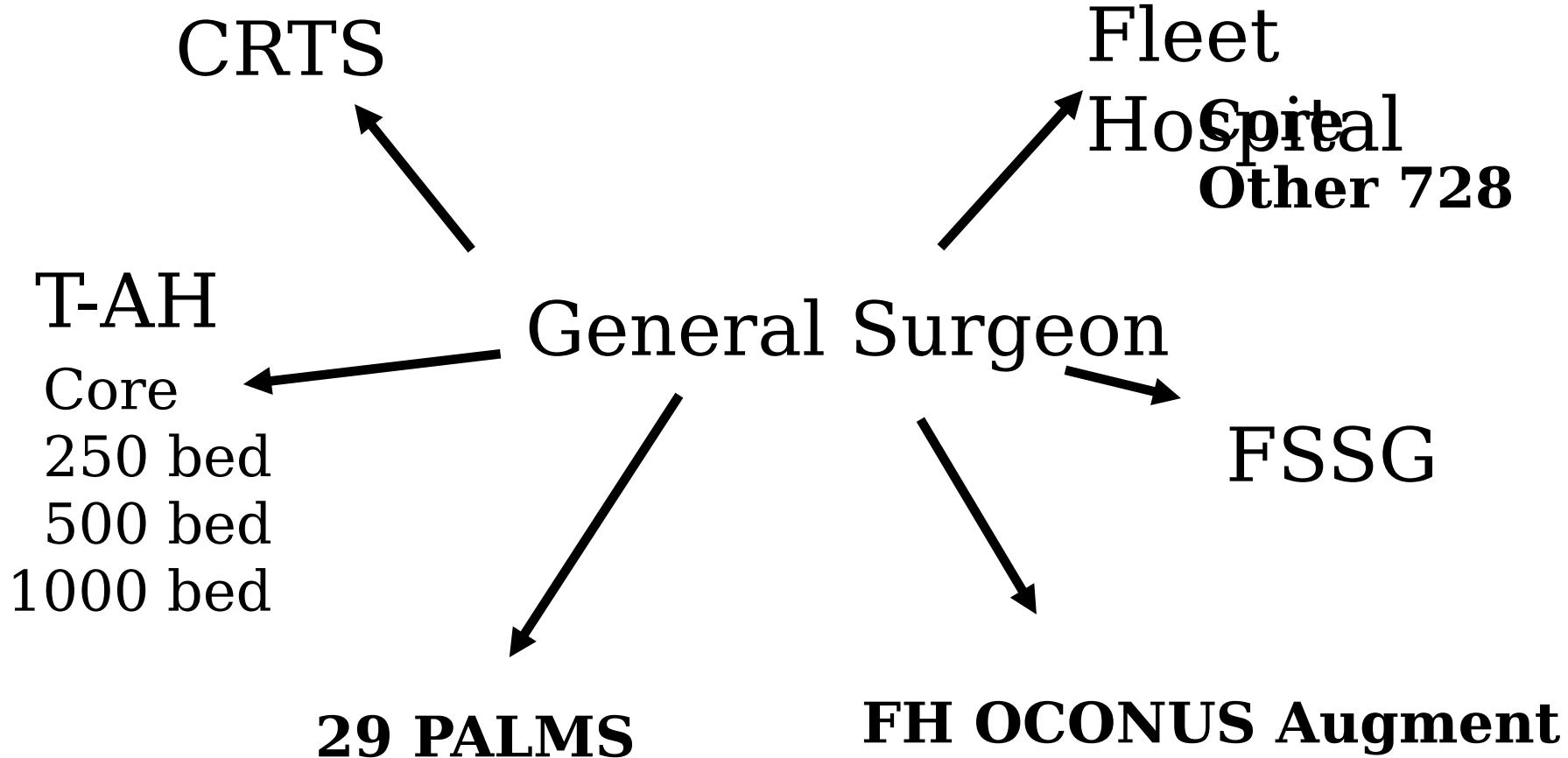


Skill Substitution

- Critical Skill Shortfalls Still Exist
- Original Substitution Rules Insufficient
- Requirements Heavily Substituted
 - **Nursing** (Crit Care, Med-Surg, Emerg-Trauma)
 - **Medical Corps Specialists** (Ortho, Surgical, Int Med)
 - **Medical Corps General** (ER, Surgery)
 - **Hospital/Dental Corps** (Field Medical/Dental Techs)
- Unmet Requirements Where Substitution Allowed
 - Anesthesia/CRNA
 - Periop Nurse
- Hollow Billets/Decreasing Personnel Inventory



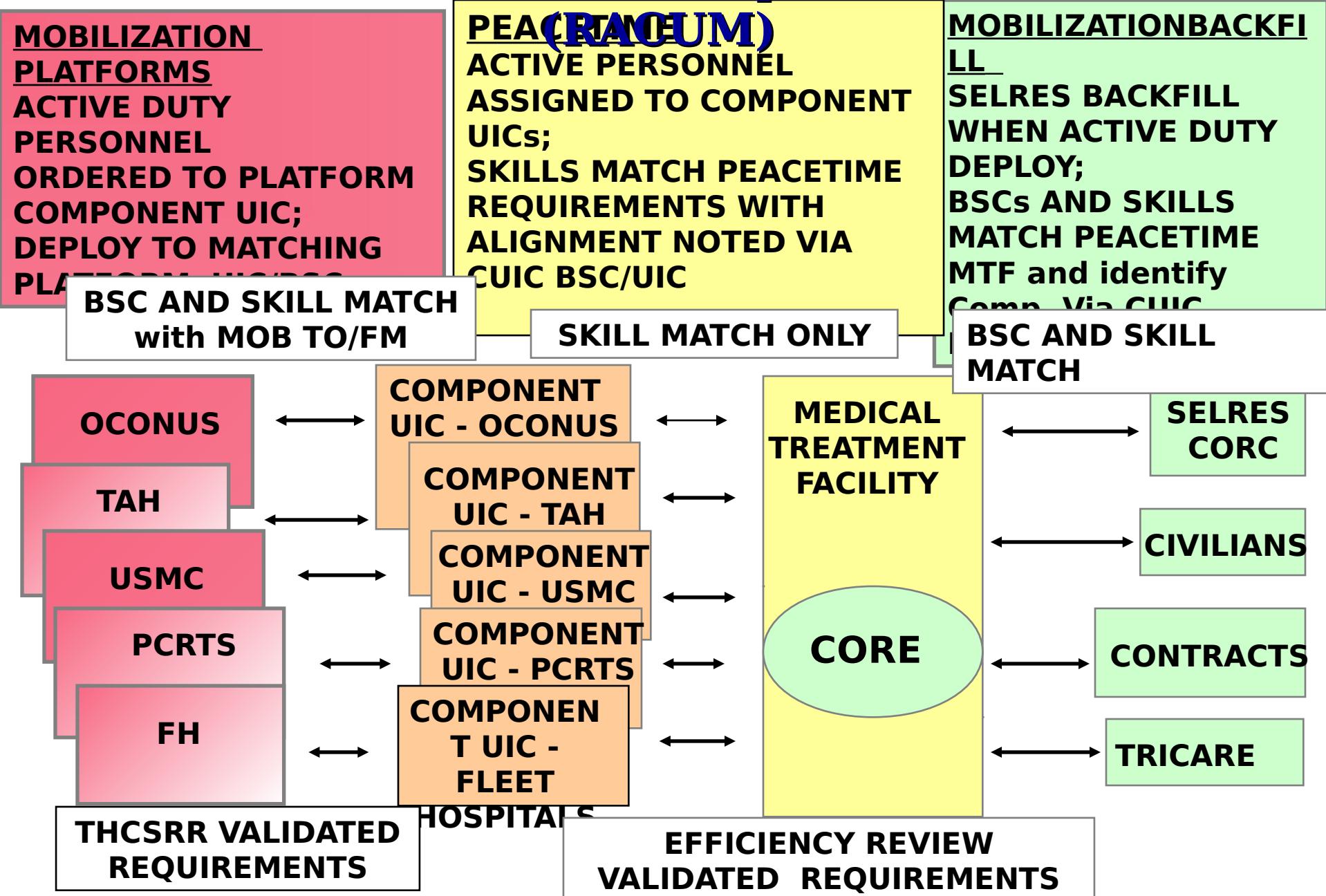
Priority Fill





Making the Match & Identifying Substitutions

Readiness Allocation Component UIC Model



NAVAL HOSPITAL JACKSONVILLE

00232 - Naval Hospital Jacksonville

**00105 CDR/CO SHR ACT
(MRC=AD)**

RQMTAUTH

**00106 CO SECRETARY
(MRC=DH)**

RQMTAUTH

**25005 OBSTER-GYN/CUIC 19010/40221 RQMT AUTH
(MRC=RA)**

**25015 INTERNIST/CUIC 19015/40221 RQMT AUTH
~~40221-NH JAX FH JAX DETACHMENT~~
(MRC=RA)**

**19005 NRS ANESTH/UNMET 19005/40220 RQMT AUTH
(MRC=) 19010 OBSTER-GYN/MOB TO 19010/40220**

**RQMT AUTH (MRC=AD)
34630 PHARM TECH/CUIC 34630/40221 RQMT AUTH
19015 INTERNIST/MOB TO 19015/40220 RQMT AUTH
(MRC=)
(MRC=AD)**

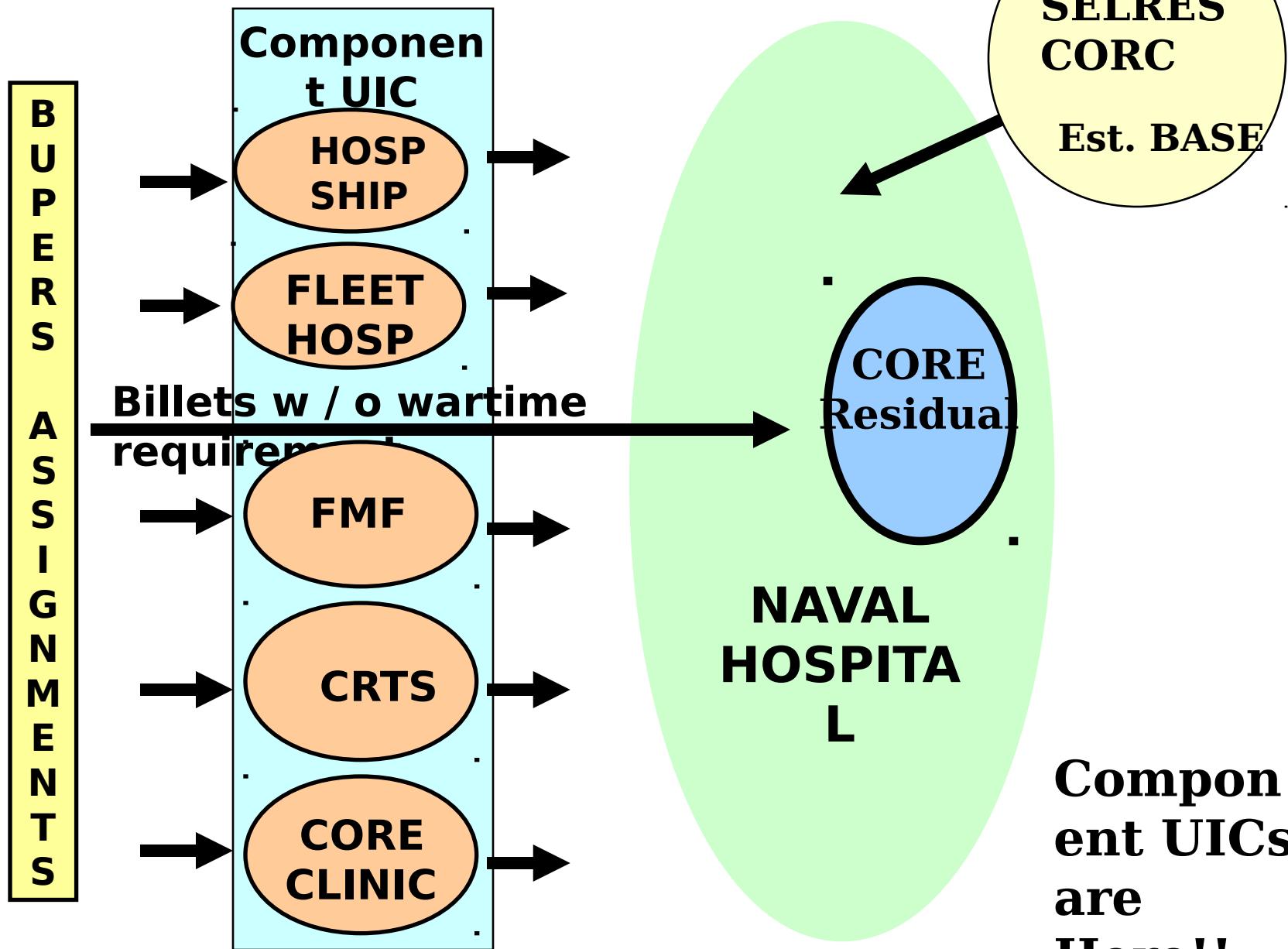
**40220 - Fleet Hospital (FH) Jacksonville
34630 PHARM TECH/IM/MOB TO 34630/40220 RQMT AUTH
(MRC=AD) 19005 NRS ANESTH/UNMET/19005/40221 RQMT (I)**

19010 GEN SGN/MOB FM 19010/40221 RQMT (I)

19015 INTERNIST/MOB FM 19015/40221 RQMT (I)

34630 CORPSMAN/MOB FM 34630/40221 RQMT (I)

PRESENT:





Component UICs and the Sailor

BUPERS ORDERS: 0000-00-0000/XXXX (PERS-4415)

.....

-----ULTIMATE ACTIVITY (M) -----

REPORT NOT LATER THAN SEP 00

TO NMC SD USNS MERCY DET

PERMANENT DUTY STATION SAN DIEGO

FOR DUTY

EDA: SE

UIC: 484

ACC:

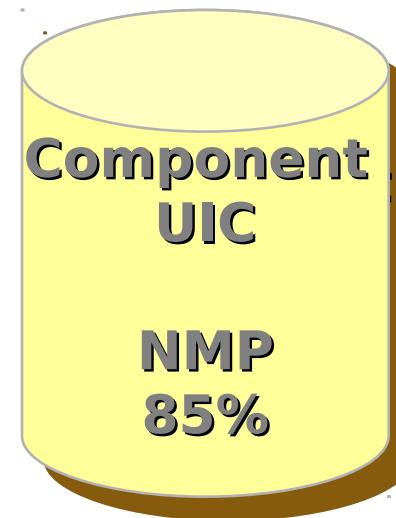
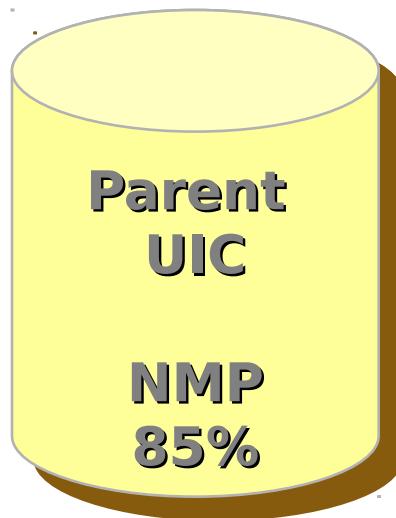
BSC

PRD



Directed Manning

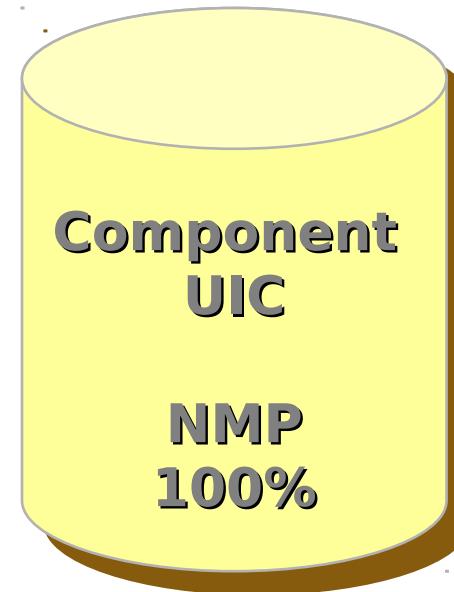
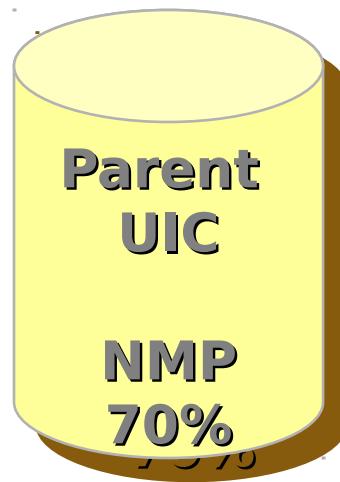
- **Currently**
 - Level NMP across like UICs





Directed Manning

- **M1 Initiative**
 - Detail to component UIC first



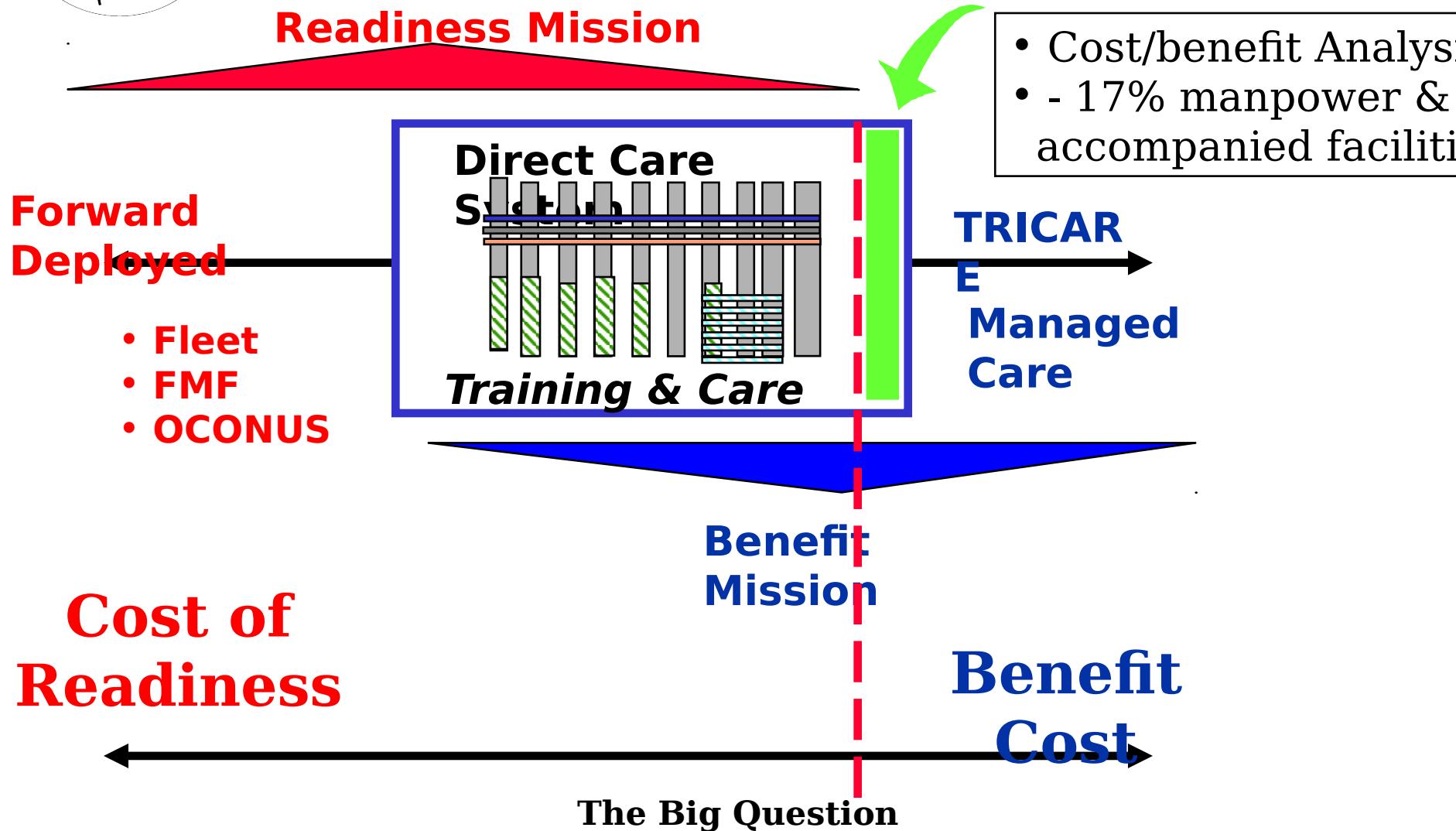
FMF COMPONENT UICs		BA	NMP	POB4	PERCENTAGE TO BA	PERCENTAGE TO NMP
32855	NH OKI 3 FS FW D	26	23	23	88%	100%
40204	NMC SD 1 FSSG DT	107	86	90	84%	105%
40205	NH CP 1 FSSG DET	60	48	53	88%	110%
40206	NH C 1 FSSG DET	69	56	59	86%	105%
40207	NH CP 1 MD DET	100	80	77	77%	96%
40214	BMCL BARSTOW MCU	25	20	16	64%	80%
40215	NACC PTH MC U DT	31	25	22	71%	88%
40219	NMC SD 1 MD DET	57	46	45	79%	98%
40226	NH C MAG 39 DET	26	22	21	81%	95%
40234	NMC SD MC U DET	9	8	8	89%	100%
40236	NDC SD D A DET	21	19	12	57%	63%
40248	BMCL ELC 1MAWID	13	11	9	69%	82%
40259	NH CP MC U DET	23	18	21	91%	117%
3145A	NMC P 2 FSSG DET	86	69	53	62%	77%
3146A	NH JAX 2 FSSG DT	37	32	34	92%	106%
3148A	NH CLJ 2 FSSG DT	31	28	28	90%	100%
3149A	NMC P MDV DET	56	44	39	70%	89%
3155A	NH CLJ MC U DET	30	23	23	77%	100%
3157A	NNMC B MC U DET	41	35	32	78%	91%
3160A	NH JAX MC U DET	13	11	12	92%	109%
3161A	NMC PT MC U DET	39	33	27	69%	82%
3328A	NH PC 3D FSSG DT	49	43	39	80%	91%
3330A	NH CPLEJ 3D FSSG	29	26	26	90%	100%
3331A	NH BREM 3D FSSG	18	14	14	78%	100%
3333A	NMC SD3RD MAW DT	39	32	33	85%	103%
Subtotal FMF COMPONENT UICS		1248	1033	989	79%	96%



“Above THCSRR”



Navy Medicine's Dual Mission





Active Duty THCSRR Summary

Readiness
Required

Billets
Authorized

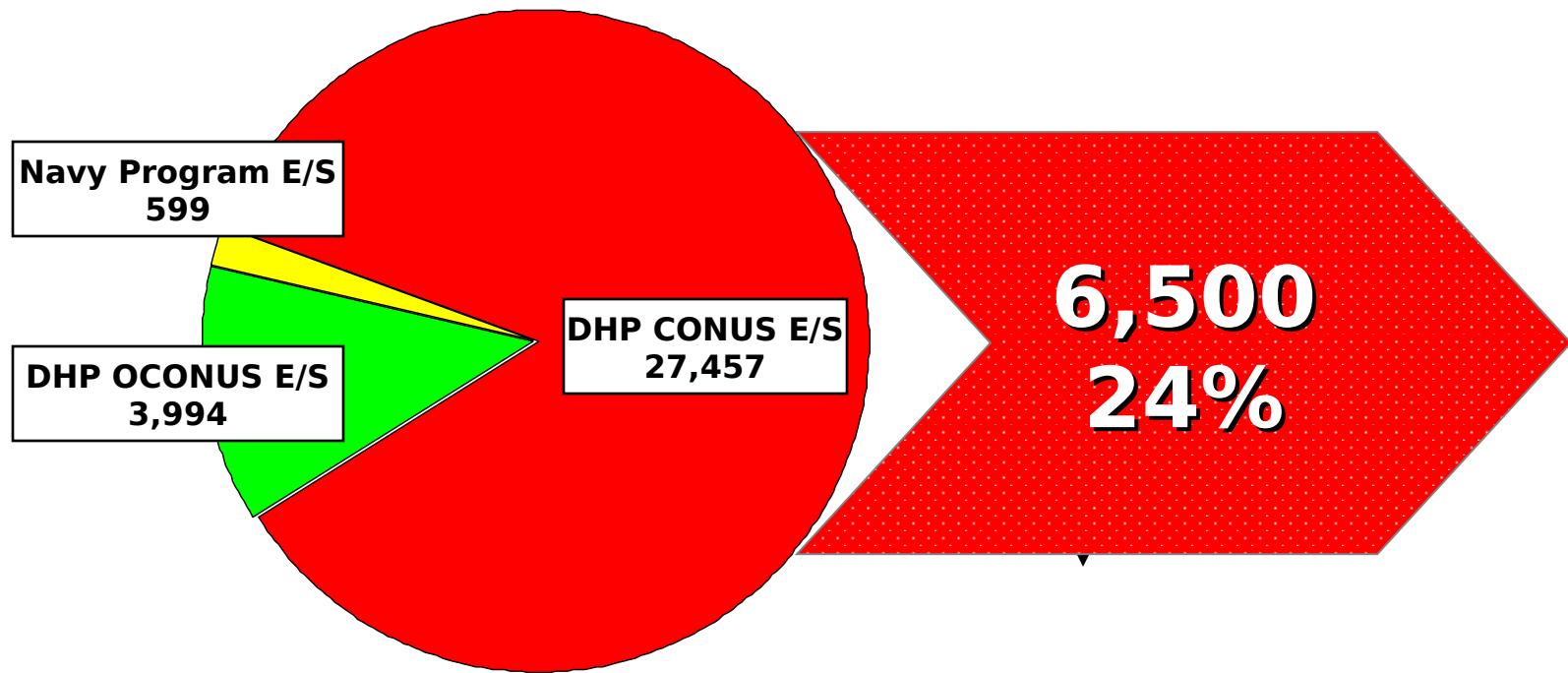
Make v. Buy

DESRATE	THCSRR	TOT BILL	>THCSRR
2xxx	192	151	-41
2100	3,213	3,888	675
2200	1,136	1,354	218
230X	2,085	2,672	587
2900	2,994	3,134	140
OFF TOT	9,620	11,199	1,579
	86%		14%
HM	20,638	24,452	3,814
DT	1,911	3,116	1,205
ENL TOT	22,549	27,568	5,019
	82%		18%
FNL TOT	32,169	38,767	6,598



Above -THCSRR Billets

All Reside in CONUS DHP Funded MTE/DTEs



**Benefit delivery requirement unchanged,
so workload will shift to other labor venue...**



“Heavy” Above THCSRR Specialties

Results of 2003 CNA Make vs. Buy Analysis

MC: 466 BA

Radiology (Diag)

Pediatrics

Psychiatry

OB/GYN

~200 BA

MSC: 588 BA

Pharmacy

Optometry

PA

IHO

Psychology

~300 BA

HM/DT: 5266 BA

Gen Duty HMs

Laboratory Tech*

Pharmacy Tech

Optician Tech

X-Ray Tech

Psychiatry Tech*

Dental Lab Tech

~3,100 BA

No anticipated problems

DC: 231 BA

NC: 115 BA

**Lab Techs Manned @ 82%
Psych Techs Manned @ 82%**



A Human Resources (HR) Manpower Management Transformation Philosophy

TFMMS Redesign

Journey...



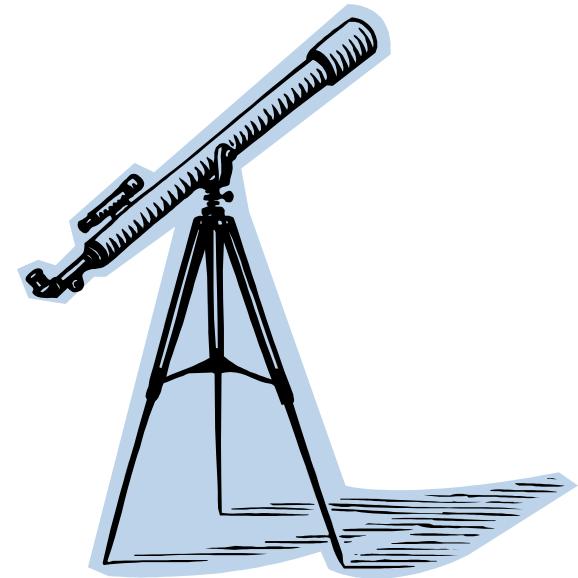
What's driving this Project

Sea Warrior Vision

...reengineer current Navy manpower, personnel, and training (MPT) processes into a single integrated human resources (HR) enterprise...

The Approach

- Adopt proven “best practices”
position management
approach
- Maximize COTs solutions
(*PeopleSoft™/SkillsNET™*)
- Enhanced manpower service
delivery
(*Web-enabled self-service from
Sailor to CNO*)
- Integrate with personnel
systems in a single system

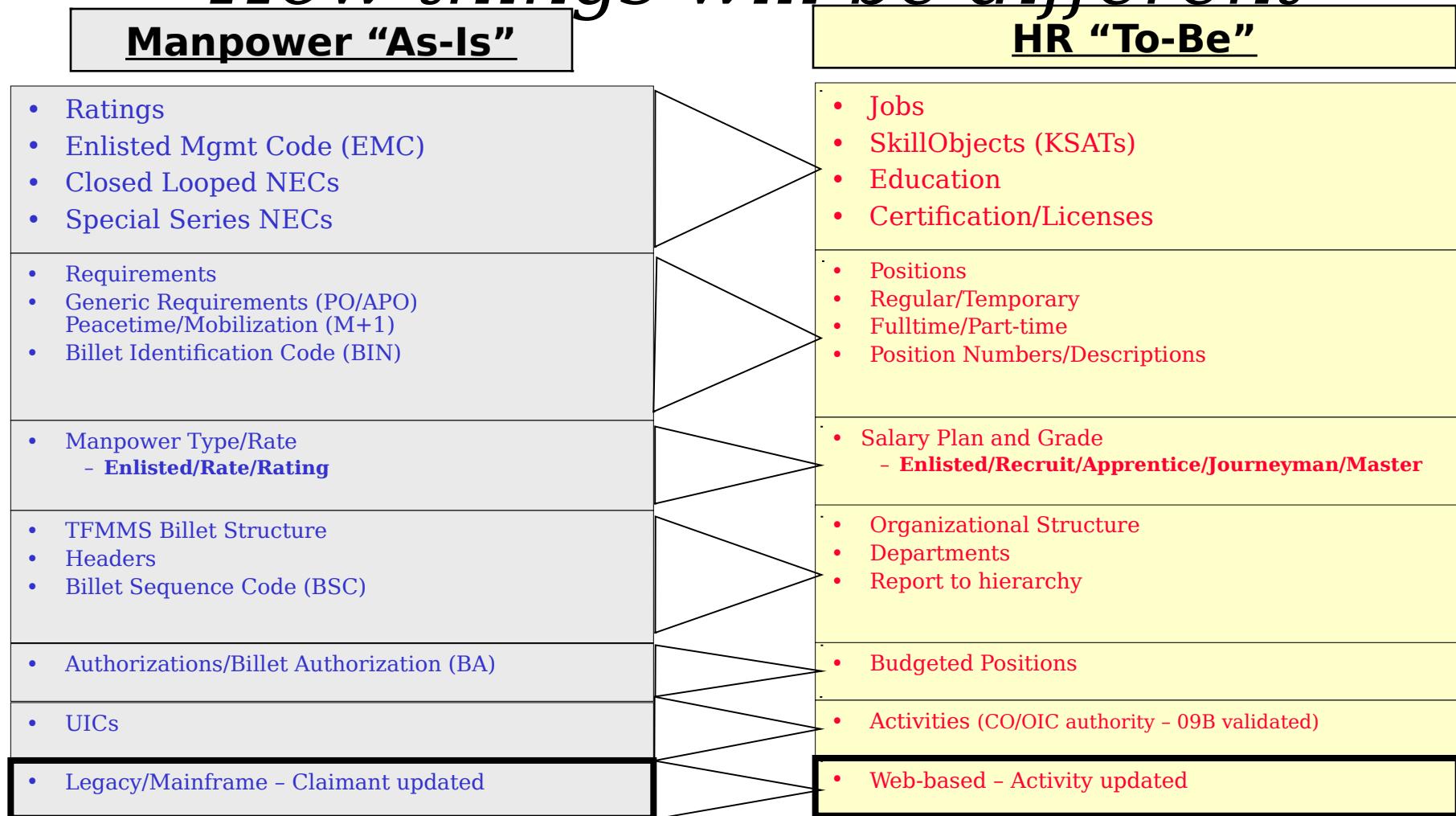


*...to adopt proven solutions
not to adapt legacy systems*

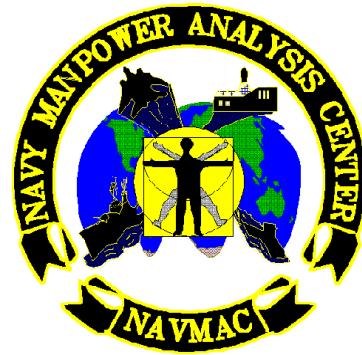


What are best practice results

How things will be different



...these terms and definitions represent major changes to Navy HR are philosophically and programmatically embedded into the Navy



What is being Transformed

TFMMS Redesign Capabilities & Timeline

Today's TFMMS	TFMMS Redesign
Minimal direct support to training	Direct skill signal to training - 5VM
Minimal direct support to distribution	Direct needs signal to distribution - CMS
No link to Sailors	Integrated with Sailors assignments
Classified Operations	Classified & unclassified modules
Centralized data input (NAVMAC/Claimants)	Decentralized data origination (Activities)
Limited skill attributes	Expanded skill and competency attributes (KSATs)
Accounting by UIC	True Organizational Hierarchy
Requirements & Authorizations	Position Management (Budgeted Y/N)

TFMMS Redesign FITGAP	Enlisted Skills Capture	Complete TFMMS Redesign Development	Beta deployment of TFMMS Redesign	Certified deployment of TFMMS Redesign	Sea Warrior Deployment
Complete and forwarded to claimants for review	Complete the refresh of all Level 1 skills capture efforts. Required to define jobs for TFMMS	Complete the initial TFMMS redesign efforts using PeopleSoft off-the-shelf to the maximum level possible	Implement the redesigned TFMMS beta release	Comprehensive implement the redesign TFMMS for all manpower users	Deploy Sea Warrior
FEB '04	JUN '04	AUG '04	OCT '04	NOV '04	FALL '05



What Functionality are we Focusing on

- **Organizational Management vs UICs**
 - + Assign a chain-of-command to the workforce performing the work
 - UICs are created for accounting, not chain-of-command
- **Job Management vs Ratings**
 - + Organize your workforce to perform the work in the organization
 - Ratings don't identify 30% of the work performed in the Navy
- **Position Management vs Billets**
 - + Describe the work, its location and who in the workforce is performing it
 - Billets don't describe the unique work at the location & who is doing it
- **Competency Management (CM) vs NECs**
 - + Use KSAs to link work and worker for assessment, assignment and training
 - NECs don't identify KSAs, provide a degree of fit and are not standardized